Forcible extension was now practiced under chloroform, and was attended by a recurrence of the inflammation; but this was rapidly subdued by the previous treatment. The final result was almost perfect cure; the patient could walk and move the joint in all directions without pain. The only trace of the previous disease which remained was a trifling amount of swelling, and a somewhat impaired mobility of the articulation.

Dr. Cohn states that the limb should be thoroughly emptied of blood, and the occlusion should be a perfect one. The final constriction should be made with several turns of the bandage and not with a narrow tube. In reply to a query, "How long can this bloodless state be maintained?" he says, The limit of safety is not likely, he thinks, ever to be reached, and we need not be anxious on this score, if the shutting out of the circulation be perfect. An imperfect occlusion is dangerous. The blood passes by the arteries into the limb, while the venous outlets are completely stopped. The pain is a great difficulty in this method, but it may be reduced by not applying the bandage constricting the limb above tighter than is absolutely necessary.—*N. Y. Hospital Gazette.*

INDICATIONS FOR DRAINAGE OF THE KNEE-JOINT.

Dr. J. Scriba, assistant in the Surgical Clinic at Freidburg (Baden), recommends drainage of the knee-joint, instead of excision, in the following cases: 1. In acute serous inflammation, in the rare event of there being abnormal pain of sufficient severity to affect the patient's general health. 2. In acute purulent inflammation of the joint, as soon as there is distinct fluctuation; in the rare case of osteo-myelitis, involving one or both epiphyses; in the purulent inflammation which may complicate pyæmia, pneumonia, acute infectious diseases, and phlegmonous erysipelas of the lower extremities. 3. In chronic serous inflammation of the joint. 4. In fungous inflammation—(*a*) where the fluid secretion in the joint exceeds the fungous granulation in amount, and where the cartilage is still intact; (*b*) where there is excess of fungous granulation, but where caries is still absent. The presence of caries is a contra-indication for drainage, and an indication for excision. Scriba lays down the following maxim, in opposition to those British surgeons who counsel very early excision: "The earlier chronic fungous inflammation of a joint comes under treatment, the better hope is there of giving the patient a useful movable knee joint, by means of drainage." It should be stated that Scriba only speaks of drainage applied to a joint *which is opened at the moment the tube is inserted*, and not to one in which there is a previous wound, either surgical or accidental, of some standing. The operation, as performed by Scriba, is briefly as follows: An incision, two or three centimetres long, is made on either side of the patella, down to the joint, and a drain-tube inserted. If the bursa, under the extensor muscles, communicates with the joint, as a rule, no further incision is needed. In the rare case in which it is isolated, an incision is made down through the quadriceps femoris, and a short tube inserted. The operation must be carried out *with the strictest antiseptic precautions.* Before the drainage tube is inserted, the joint is "swabbed" with a soft sponge, in acute cases using a five per cent. solution of carbolic acid; in chronic cases, or where there is fetidity, a twelve per cent. solution of zinc chloride. The tube is then put in, and the joint washed out through it with carbolic acid (two and a-half to five per cent.), until the solution runs clear. During the injection, the joint must be gently kneaded with the hand. In acute inflammation, the tube must be removed as soon as possible. The greater part may be taken out after the third or fourth dressing, if the wound is perfectly sweet, and the remainder on the tenth to fourteenth day. If the secretion does not quickly diminish, the joint must be washed out again with carbolic acid, and the drainage somewhat prolonged, but the whole tube must never be left in after the tenth to twelfth day for fear of irritating the cartilage on which it lies. In chronic cases, or when fungosity is present, the tube must be allowed to lie across the cavity of the joint for twenty or thirty days, in order to stimulate the lining membrane.—(*Med. Times and Gazette*, Sept. 15th, 1877.)

EPITHELIOMA OF THE CERVIX UTERI.

(CLINIC BY PROF. THOMAS. NEW YORK.)

Before bringing in the first patient whom I have to show you to-day, gentlemen, I wish to present to you a specimen, for which I am indebted to the kindness of Dr. B. F. Dawson. It is, as you perceive, a mass of tissue, which, upon one side, has the appearance of a piece of cooked meat, as in reality it is; while upon the other side, it presents a gangrenous and putrefying surface. The specimen is taken from a case of the same character as I have shown you a great many times here already, and which, unfortunately, I shall, no doubt, have the opportunity of showing you many times in the future, viz., cancer of the cervix uteri. The patient from whom this was removed presented the well known symptoms, the cachexia and the profuse hemorrhages, alternating with watery discharges, to which I have so often called your attention.

In considering whether to operate in these cases, it is well to observe the general rule, that, if it is